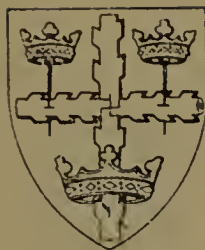


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BOROUGH OF



COLCHESTER.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

JOHN D. KERSHAW,

B.D., B.S., London; M.R.C.S., England; L.R.C.P., London;
D.P.H.

MEDICAL OFFICER OF HEALTH;

PORT MEDICAL OFFICER;

DIVISIONAL SCHOOL MEDICAL OFFICER;

AREA MEDICAL OFFICER;

CONSULTANT IN INFECTIOUS DISEASES,
MYLAND HOSPITAL, COLCHESTER.

1952.

Colchester:

WILES AND SON LTD., TRINITY STREET

BOROUGH OF



COLCHESTER.

BOROUGH & PORT HEALTH COMMITTEE, 1952.

THE RIGHT WORSHIPFUL THE MAYOR,
COUNCILLOR WM. C. LEE.

Chairman:

COUNCILLOR L. M. WORSNOP, J.P.

Deputy-Chairman:

COUNCILLOR MRS. R. M. JOSLIN.

Members:

ALDERMAN MISS K. E. SANDERS, A.R.R.C., J.P.

COUNCILLOR I. BROWN.

COUNCILLOR J. L. HAMILTON, M.C., T.D., M.D., D.L.

COUNCILLOR MRS. G. B. ENOCH.

COUNCILLOR W. L. THOMAS.

COUNCILLOR REVD. P. H. WARWICK BAILEY.

PART-TIME STAFF.

Medical Officer of Health, etc.:

JOHN D. KERSHAW, M.D., B.S.(Lond.), D.P.H.

Deputy Medical Officer of Health, etc.:

E. A. HARGREAVES, M.R.C.S., L.R.C.P., D.P.H.

Assistant Medical Officer:

ELEANOR M. SINGER, M.Sc., M.R.C.S., L.R.C.P. D.C.H.

Veterinary Surgeon:

C. T. MURPHY, M.R.C.V.S.

Public Analyst:

J. E. WOODHEAD, B.Sc., F.I.C., Ph.C.

WHOLE-TIME STAFF.

Senior Sanitary Inspector:

*†L. H. ENGLAND.

Deputy Senior Sanitary Inspector:

†*O. R. WARNER.

Additional Sanitary Inspectors:

†*C. J. JACOBI. †*D. G. DAVIS. †B. A. J. TURNER.

† Sanitary Inspector's Certificate.

* Meat Inspector's Certificate.

Clerk and Laboratory Technician:

R. D. SARGEANT, A.C.C.S.

Clerks:

L. G. NICHOLLS. A. R. DALDRY.

Disinfectors:

A. E. CUDMORE.

Rat Operators:

T. E. CROWE, W. CHAPMAN.

HEALTH DEPARTMENT,
TRINITY STREET,
COLCHESTER.

1st July, 1953.

MADAM MAYOR, LADIES AND GENTLEMEN,

In recent Annual Reports I have, in commenting on the Infant Mortality Rate, warned against the assumption that the recent rapid decline is likely to continue at the same rate. It may, therefore, seem somewhat curious that the rate for 1952 should handsomely break the record for the Borough. At the phenomenally low figure of 13.0, it is less than half the rate for the country as a whole, and well under half that of the "Great Towns". It compares most favourably with the figure of 28.5 which was our 1951 rate and puts well in the shade the 1948 rate of 21.38, which was our previous local record. At the risk of seeming over-cautious, however, I must say that I regard this very low figure as something of a freak and it may very well stand unequalled during the lifetime of most of us. As I have previously pointed out, the comparatively small totals of births and infant deaths in a town of the size of Colechester make it possible for small variations in actual numbers to cause large variations in the calculated rates, so that a single year's statistics are of limited significance. Furthermore, 1952 was a fortunate year in that there was a low incidence of several of the infections which are very dangerous to babies. Had the winter measles epidemic arrived in November instead of in February—and these epidemics usually do start before Christmas—there would probably have been a very different tale to tell.

None the less, luck alone is not enough to produce an infant mortality rate of 13; such a figure can be reached only in a town in which standards of child care are considerably better than average, so that we have something to be proud of. I think my medical colleagues, whether inside or outside the Public Health Service, will agree with me that the fight against infant mortality is a "soldiers' battle" rather than one fought primarily by Headquarters, and that the major credit goes to Health Visitors, District Midwives, Maternity Hospital nurses and to the young mothers themselves. At the same time, since 1952 has shown what can be done with a little luck, it should be a spur to sustained effort; though we may not soon equal this record it certainly gives us a new target at which to aim.

I have nothing else so spectacularly worthy of comment in this year's vital statistics. A note attached to the infectious diseases table comments on the only important variations there, for the falls in the incidence of measles and whooping-cough are such as may normally be expected in non-epidemic years. The rise in the percentage of cases who have died of un-notified tuberculosis is no cause for alarm; our tuberculosis death rate is small and it has so happened that in 1952 there died of this disease five persons who had been admitted to local institutions and whose disease was unknown here before post mortem examination.

The statistical information on the activities of the Department is set out as usual and represents a typical year's work, requiring no special comment here. I would, however, in this introductory letter, like to draw your attention to certain issues which are becoming increasingly important in the health work of the Borough.

Housing.

It is now becoming a matter of immediate importance to consider, as I have urged in previous reports, the long-term planning of a scheme for clearing the town's unfit houses, and first steps are being taken by the setting up of a special sub-committee on which both the Health Committee and the Housing Committee are represented. Unfortunately, we lack the information which would enable us to state the problem precisely, and in estimating the number of houses which will require demolition in the near future we must resort to some guess-work. The Planning Department of the County Council has mentioned a figure of 750, but this is admittedly only the roughest of rough estimates and is probably far below the truth.

It is generally considered by the experts that the practical "life" of a house is in the region of 75 years. After that, the necessary repairs are uneconomical and the house is out of date as a place for comfortable and convenient living. If we double that figure for good measure—and surely few houses are built to last 150 years—then every house in the town which was built before the year 1800 must be looked at with suspicion. That in itself is a formidable number. But we know for a fact that many working-class houses built during the early and middle parts of the nineteenth century are decrepit and the number is going to increase steadily as the years pass. It would not surprise me in the least if the survey which is now being started showed well over a thousand houses to be in need of urgent replacement, with a further thousand not much

more than tolerable even by to-day's low standards. For slum replacement, therefore, we might well have to think in terms of building a hundred houses a year for the next twenty years, by which time twenty years of wear and tear will have brought a great many more houses to decay.

There is, of course, still a waiting list for Council houses and as the young people of to-day marry and start families they will swell the waiting list. Houses for the new families will continue to be needed in addition to houses to replace our slums. We cannot, therefore, hope to reduce municipal expenditure by drastically cutting the house building programme unless we are prepared to let Colchester degenerate into a town of overcrowded slums.

I am painfully aware that to some extent the improvement of housing conditions will be an æsthetic tragedy. Our quaint old houses with their curiously-cornered red tiled roofs have a beauty which appeals to something in most people and contributes a great deal to the character and atmosphere of the town. Only the people who live in them realise how many of them not only lack modern conveniences but are not proof against wind and rain and are, in some cases, literally falling down. At the end of 1952 it became necessary to condemn a whole row of houses which had been scheduled as of special architectural interest, simply because they were crumbling away and were far past repair.

Others of our old houses will inevitably soon follow these into decay and demolition, but there are still many which can be saved by timely action. It is a weakness of our present legislation on ancient buildings that while it places plenty of obstacles in the way of the final dissolution of a house which is beyond human help, it neither induces nor compels the owner to do anything at a stage when his property is still, so to speak, curable, while we, as a sanitary authority, cannot concern ourselves with more than the fitness for habitation of the house, a different matter entirely from its long-term preservation. Indications are that help from government-controlled funds is most likely to be given to the saving of large country mansions. Surely it is equally worth while to preserve good examples of small domestic architecture and it would not be unreasonable to try to divert some of the available funds for that purpose. If so, now is the time, unless we want our grandchildren to condemn us as "twentieth century vandals".

Water Supplies.

There are certain other survivals from former days and former standards of which I feel far less tolerant. Among

these I include some of the wells which still provide domestic water supplies in some of the less central parts of the town. This is a field of work in which it is reasonable to have two sets of standards, one for the town and one for the remoter parts of the country. If a well is open to pollution, the resulting risk varies with the number of possibly infected people who might introduce harmful bacteria into the water, the number of people who might thereafter drink the water and the number of people who might, as contacts, be infected by those who drank the water and became ill. A well on a remote farm where the farmer and his family are the only people who walk over the land and the only people who drink the water may not be a public health risk at all; a well serving a group of houses on the developing outskirts of a town may very easily be a health menace unless it can be made to conform to the highest possible standards for water purity.

We have been giving increasing attention lately to shallow wells within the Borough and we are, not unexpectedly, finding that in some of them the water is exposed to gross risk of pollution. In many of these cases it is clearly impossible to improve or alter the well so as to eliminate the risk and the only practical solution is the provision of a supply of "Town's water". This usually calls for expenditure not only on the part of the property owner but on that of the Corporation. In these cases the Health Committee has inclined to the view that a dubious water supply is a risk to the community as a whole—a view which is based on the soundest principles of hygiene—and that reasonable municipal expenditure is justified. The other Committees involved have concurred in this view. I hope that the process of clearing up the domestic water supply situation will not be very costly to the Corporation, but I would emphasise that expense in this kind of work is of the nature of an investment. It is wrong that the owner of a property should evade his legal responsibility to provide that property with a satisfactory water supply, but it would be far more wrong if the poverty or obduracy of a house-owner, or hesitation on the part of the Local Authority, allowed the breaking out of an epidemic of typhoid fever.

Domestic Sanitation.

Similar considerations of hygiene apply to domestic sanitation. In a rural area, with no main sewer within miles, a well-constructed and frequently emptied cesspool is a reasonable solution to the problem of small-scale domestic sewage disposal. In such a widespread town as Colchester it is inevitable that parts of the outskirts should still have no main sewer facilities and that sanction should be given to the building of cesspools

for new houses which are outside the range of the present sewer system. But a leaking cesspool, or even a leaking septic tank, is a public danger—it should be remembered that the great typhoid epidemic in the Bournemouth area in 1936 was due to defects in a domestic sewage disposal system in an isolated private house—and we must constantly bear in mind that every such installation is potentially a risk. It is essential to enforce the highest standards in their construction and maintenance and to eliminate them as soon as the possibility arises.

Meanwhile, the maintenance of a frequent, regular and effective emptying service remains a very important public health responsibility of the Corporation.

Personal Hygiene.

It will be seen from the statistical report that we are making the fullest use of our powers to require hotel and restaurant kitchens, etc., to provide washing facilities for employees. The hotel kitchen worker has exceptional opportunities of spreading disease if he is careless and it is important that he should be given every chance to practice the elements of personal hygiene. We have, however, rather lost sight of the importance of another person, namely the customer. We live in a dirty world and it is impossible in a modern town to avoid frequent contact with infected dirt at our work, in the street, in shops and on buses and trains. The cleanest kitchen in the world cannot protect the individual who, having accidentally picked up some infected dirt on his hands, transfers that dirt to his mouth when he takes his next meal. There are two rules which should be constantly borne in mind: to wash the hands before a meal and to wash them after using the toilet. These rules can be observed at home but we make it difficult to observe them away from home by our indifference to the shocking lack of public washing facilities. The attention of the proper authorities is being drawn to shortcomings of this kind in our schools, but children are much better provided for than adults.

Our more expensive restaurants have good washing facilities and the medium-priced ones have improved recently, though some of these supply only cold water. The cheaper ones, most regrettably, often have no washing arrangements at all. Our cinemas and public halls have toilets which, I am sorry to say, are sometimes quite unsavoury during the evening and it is the exception for them to have reasonable washing facilities. (I was greatly impressed in the United States by the way in which places of this kind almost invariably provide really good free washing facilities which nine-tenths of the public conscientiously use.)

I would suggest here that the time has now come for Colchester to set an example as a municipality and to provide simple washing facilities, free of charge, for the users of the principal public conveniences in the town. Every visitor to London must have noticed the increasing extent to which the Metropolitan Boroughs and even some of the suburban Boroughs are making such provision and it seems highly desirable that we should follow suit at least at Culver Street, our principal convenience, and the Bus Park, which is the first place in Colchester which many of our visitors see. Cold water, liquid soap and paper towels cost very little indeed and would not divert much income from the full-scale "wash-and-brush-up" department; they would be a valuable and serious contribution not only to public hygiene but to public education.

In conclusion, I would commend once again to your attention the unsparing good work of all the members of the staff of your health services. My own part in the work recorded in the report has been small. Public Health to-day is essentially a team task undertaken by many people, each of whom is a specialist in his own field; that your own team works particularly harmoniously and with excellent co-ordination is evidence of the way in which each of its members is devoted to his cause and to your service.

I remain, Madam Mayor, Ladies and Gentlemen.

Your obedient servant,

JOHN D. KERSHAW,

Medical Officer of Health, etc.

Report of the Medical Officer of Health for the year 1952

*A Report as directed by Circulars 42/51 and 2/53 of the
Ministry of Health.*

STATISTICAL SUMMARY.

Population (R.G. Estimate) with Military (at 30/6/52)	57,460
Area (Census, 1951)	12,011 acres
No. of inhabited houses	14,797
Rateable value	£401,987
Product of a penny rate	£1,611/13/11
Birth Rate (798 legitimate births, 47 illegitimate) (Corrected)	15.28
(Crude)	14.7
„ „ England and Wales	15.3
Death Rate per 1,000 of the population (Corrected)	9.8
(Crude)	10.09
„ „ England and Wales	11.3
Percentage of total deaths occurring in Public Institutions	45.7
Women dying in, or in consequence of, child- birth	nil
Infantile mortality rate per 1,000 live births— Legitimate (10 deaths), 12.5. Illegitimate (1 death), 21.3. Total (11 deaths)	13.0
Pulmonary Tuberculosis Death Rate	0.21
Other Tuberculosis Diseases Death Rate	0.017
Cancer Death Rate	1.77

DEATHS OF CIVILIAN RESIDENTS, 1952.

<i>Cause of Death.</i>			<i>M.</i>	<i>F.</i>	<i>Total.</i>
Respiratory Tuberculosis	....	....	10	2	12
Other Tuberculosis	....	....	1	—	1
Syphilitic Disease	....	....	1	—	1
Leukæmia	....	....	4	—	4
Cancer, Stomach	....	....	7	10	17
„ Lung, Bronchus	....	....	14	2	16
„ Breast	....	....	—	9	9
„ Uterus	....	....	—	4	4
„ Other sites	....	....	29	27	56
Infective and Parasitic Disease	....	....	—	1	1
Diabetes	....	....	1	3	4
Vascular Lesions, Nervous System	....	....	32	49	81
Coronary Disease, Angina	....	....	42	38	80
Hypertension with Heart Disease	....	....	8	12	20
Other Heart Disease	....	....	54	69	123
Other Circulatory Disease	....	....	13	9	22
Influenza	....	....	1	—	1
Pneumonia	....	....	7	5	12
Bronchitis	....	....	8	9	17
Other Respiratory Diseases	....	....	6	1	7
Ulcer of Stomach and Duodenum	....	....	2	2	4
Gastritis, Enteritis and Diarrhœa	....	....	1	1	2
Nephritis and Nephrosis	....	....	1	4	5
Hyperplasia of Prostate	....	....	10	—	10
Congenital Malformations	....	....	—	2	2
Other defined diseases	....	....	28	22	50
Motor Vehicle Accidents	....	....	1	2	3
All other Accidents	....	....	5	3	8
Suicide	....	....	6	2	8
			292	288	580

1952. DEATHS OF COLCHESTER RESIDENTS OVER 70 YEARS OF AGE.

	Aged 70 and under 80	Aged 80 and under 90	Aged 90 and over	Total
Male ...	103	56	9	168
Female ...	88	75	19	182
Total ...	191	131	28	350

Seven persons were aged 90, six aged 91, five aged 92, two aged 93, three aged 94, three aged 95, one aged 97, and one male aged 98.

BIRTH-RATES, DEATH-RATES, AND ANALYSIS OF MORTALITY IN THE YEAR 1952.

	England and Wales	160 C.Bs. and Great Towns including London	160 Smaller Towns Resident Pop. 25,000 to 50,000 at 1951 Census	London Adm. County	Colchester
	Rates per 1,000 Civilian Population				
Live Births	15.3	16.9	15.5	17.6	15.3
Still Births	0.35	0.43	0.36	0.34	0.28
	22.6 (a)	24.6 (a)	23.0 (a)	19.2 (a)	18.6 (a)
Deaths—					
All Causes	11.3	12.1	11.2	12.6	9.8
Pneumonia	0.47	0.52	0.43	0.58	0.21
Influenza	0.04	0.04	0.04	1.05	0.02
Tuberculosis	0.24	0.28	0.22	0.31	0.21
Acute Poliomyelitis and Polioencephalitis	0.01	0.01	0.00	0.01	—
	Rates per 1,000 Live Births:—				
Deaths under 1 year of age	27.6(a)	31.2	25.8	23.8	13.0
Deaths from Diarrhoea and Enteritis under 2 years of age ...	1.1	1.3	0.5	0.7	—

(a) Rates per thousand total (live and still) births.

(b) Rates per thousand related live births.

— Signifies that there were no deaths.

From W/E January 5th, 1952, the Registrar General has added Colchester to his list of Great Towns, i.e., those which showed a population exceeding 50,000 at the 1951 Census. The Borough now comes in with the 160 County Boroughs and Great Towns, including London. The weekly return of the Registrar General gives information in more detail in Tables 1 and 2 for these larger areas of population.

The Census resulted in increasing the Great Towns from 126 (the figure operating from the 1931 Census) to 160. Only two towns required removing from the list as their populations had fallen below the qualifying figure.

The additions have had the effect of increasing the population of the Great Towns by about 10% (from 20,738,120 to 23,154,159).

LABORATORY, 1952.

Specimen and Examination.		Positive.	Negative.	Total.
Urine, abnormalities ....	....	13	372	385
Milk for T.B. ....	....	8	20	28
Meat, Staphylococci ....	....	—	4	4
„ various ....	....	2	5	7
		—	—	—
		23	401	424
		—	—	—

Other work: Identification of worm in water (Gordinae)	1
Identification of beetles (Death-watch beetles)	1
Identification of insects (no conclusion)	1
Identification of sodden matter from house tap (fragment of old dressed leather washer)	1
Identification of white specks on rabbit (tiny maggots)	1
Identification of white marks on Dutch canned sausages (moulds)	1
Examination of crystals in South African canned grapes (Pot. Hydrogen Tartrate)	1
Examination of rusks for mites	1

In addition, 88 samples of water were bacteriologically examined, and three for chemical content.

	Samples.	Satisfactory.	Unsatisfactory.
Town Water Supply	84	84	nil
Well water	4	4	nil
presence of metals	2	2	nil
chlorides	1	—	1

ESSEX COUNTY COUNCIL CLINICS AND TREATMENT CENTRES IN THE BOROUGH OF COLCHESTER.

(as in December, 1952)

Place	Days	Time
<i>Ante-Natal Clinic—</i>		
Midwives' Clinic	Mondays...	2-4 p.m.
Doctors' Clinics, Combined Treatment Centre, East Car Park, Culver Street	Tuesdays and Thursdays...	{ 2-4 p.m.
<i>Dental Clinic (2 Surgeries)—</i>		
Combined Treatment Centre, East Car Park, Culver Street .. }	Daily	9-5 p.m.

Place	Days	Time
<i>Physiotherapy Clinic—</i>		
Combined Treatment Centre, East Car Park, Culver Street ...	Daily (except 1st & 3rd Thursdays)	9.30- 12.30 p.m.
<i>Child Guidance Clinic—</i>		
Headgate Chapel Room, Chapel Street	Mondays, Tuesdays and Wednesdays	9-4 p.m.
<i>Chest Clinic—</i>		
Rebow Chambers, Shewell Road ...	Daily ...	9-5 p.m.
<i>Speech Therapy Clinic—</i>		
Holy Trinity Parish Room, Eld Lane ...	Tuesdays and Thursdays	9-5 p.m.
<i>Diphtheria Immunisation Clinic—</i>		
Area Health Department, Trinity St.	1st & 3rd Tuesdays	9.30 to 12 noon
<i>Birth Control Clinic—</i>		
Combined Treatment Centre ...	1st & 3rd Thursdays	10-11.30 a.m.
<i>Infant Welfare Clinic (9 Centres)—</i>		
Wimpole Rd. Wesleyan Schoolroom	Mondays ...	2-4 p.m.
St. Paul's Parish Hall, Colne Bank Avenue ...	Wednesdays ...	2-4 p.m.
Garrison Welfare Centre, near Military Hospital, Abbey Field	Thursdays ...	2-4 p.m.
Old Heath Co-operative Social Centre	Fridays ...	2-4 p.m.
Culver Street Combined Treat- ment Centre ...	Wednesdays and Fridays	2-4 p.m.
Lexden Parish Hall, London Road	Thursdays ...	2-4 p.m.
St. John's Parish Hall, Ipswich Rd.	Mondays ...	2-4 p.m.
Shrub End Egerton Green Institute, Corner of Gosbecks Road ...	Tuesdays and Thursdays	2-4 p.m.
Harwich Rd. Congregational Hall	Tuesdays	2-4 p.m.

NURSING HOMES.

General and surgical beds available are 11, and maternity 2.

The registrations of two Nursing Homes were cancelled during the year. Dr. Lampard's house at 2 Lexden Road (5/3/52) and the Colchester Nursing Home at 18 Lexden Road (2/7/52) ceased to take patients. The latter Home dealt with maternity and general cases. Owing to the expiry of the lease this building was converted into flats.

There are now two Homes registered in the Borough.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

Notifiable Diseases (other than Tuberculosis) during the Year 1952.

(Civilian and Military Cases.)

Disease	Total Cases Notified	Total Cases in Age Groups											Cases admitted to Hospital	
		Under 1 Year	1	2	3	4	5-9	10-14	15-19	20-34	35-44	45-64		65 and over
Acute														
Poliomyelitis...	7	—	—	—	1	1	3	—	—	2	—	—	—	6
Meningococcal														
Infection...	3	2	—	—	—	—	—	—	—	—	1	—	—	2
Enteric Fever ..	3	—	—	—	—	—	—	—	1	1	1	—	—	3
Pneumonia ...	27	1	2	—	—	—	7	—	1	1	4	8	3	2
Dysentery ...	38	2	2	5	2	1	8	—	9	3	2	2	2	27
Puerperal Pyrexia	72	—	—	—	—	—	—	—	5	53	14	—	—	2
Erysipelas ...	7	—	—	—	—	—	—	1	—	1	—	4	1	2
Malaria ...	11	—	—	—	—	—	—	—	—	10	1	—	—	11
Scarlet Fever ..	62	—	1	2	5	12	35	3	1	1	1	1	—	12
Epidemic														
Jaundice...	10	—	—	—	—	—	4	3	3	—	—	—	—	—
Food Poisoning...	7	—	—	—	—	1	1	—	—	1	2	1	1	2
Measles ...	76	6	6	10	9	14	27	4	—	—	—	—	—	3
Whooping Cough	110	11	9	18	21	18	30	1	—	2	—	—	—	—

Total of all cases notified: 433. Deaths: Pneumonia, 1; Food Poisoning, 1; Poliomyelitis, 1; Dysentery, 1.

Cases were lower than in 1951, when there was an epidemic both of Measles and Whooping Cough. No cases of Diphtheria were reported, but 3 cases of Typhoid Fever related to an outbreak due to infected shell-fish at West Mersea occurred.

The cases of Dysentery were all of the Sonne strain, and were due to three small outbreaks, one in a children's ward at the General Hospital, one in a Military unit, and one at a Mental institution. At the latter an elderly woman patient died.

The large increase in the number of notified cases of Puerperal Pyrexia was due to this being the first full year of altered definition as laid down in regulations which came into force as from 1st August, 1951. A new form of notification was introduced at that time. The change in definition was made necessary owing to the use of antibiotics which have a quick effect on temperature and the definition applies now to a specified rise of temperature as against a sustained temperature. The period has been lowered from 21 days after child-

birth or miscarriage to 14 days, but every rise of 100.4°F. or over results in a notification whereas before such temperature had to persist for 24 hours or recur during that period.

FOOD POISONING.

Seven notifications of cases of Food Poisoning were received during the year. Five were in one household and the organism was *Salmonella Aertrycke*. The other two occurred in an Institution and were due to *Salmonella Enteriditis* (Gaertner). These two patients were removed to hospital, and one, a woman of 84 years, died, the infection being a contributory cause. Investigation failed to reveal the cause of either outbreak.

Tuberculosis.

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1	...	...	...	...	...	...	...	...
1	...	...	...	...	...	...	...	...
2-4	...	...	1	...	...	...	...	...
5-9	...	1	...	2	...	...	...	...
10-14	...	2	...	...	...	...	...	...
15-19	2	1	2	...	1	...	...	...
20-24	2	2	...	...	...	...	...	...
25-34	11	6	...	...	2	...	...	...
35-44	3	4	1	...	1	...	1	...
45-54	3	3	...	...	1	...	...	...
55-64	1	1	...	...	3	1	...	...
65 and upwards...	3	...	...	1	2	1	...	...
Totals	25	20	4	3	10	2	1	...

The percentage of cases that have died of Tuberculosis during the past four years, without having been previously notified, were:—

1949	1950	1951	1952
11.8%	27.7%	6.1%	38.5%

Tuberculosis Register.

	1949	1950	1951	1952
Pulmonary Cases	245	255	281	250
Other Forms of Tuberculosis	104	85	99	57

Prevention and Treatment of Tuberculosis.

Section 172, Public Health Act, 1936.

Prevention and Treatment of Blindness.

Section 176, Public Health Act, 1936.

National Assistance Act, 1948.

Section 47.

No action was required under these Sections.

Essex County Council Act, 1933.

Nine establishments are registered under the above Act for massage or special treatment.

PET ANIMALS ACT, 1951.

Three sets of premises were registered as at 1/1/53.

HOUSING APPLICATIONS, 1952

No. of persons seeking re-housing supported by medical certificates	....	....	303
No. of such cases rehoused during year	....		242
No. of persons seeking Building Licences, supported by medical certificates, during 1952	....	....	43
Licences granted	....	....	40

At the end of the year licences could be applied for and granted automatically by the Council under a new Government decision.

MEDICAL EXAMINATIONS OF BOROUGH EMPLOYEES FOR SUPERANNUATION OR FOR ROAD TRAFFIC ACT PURPOSES DURING 1952.

Primary Examinations	....	160 passed, 2 failed
Examinations after absences	....	4
Examinations for committing pensions under 1937 Act	....	nil

SANITARY CIRCUMSTANCES OF THE AREA.

Main sewerage works carried out in 1952 have been on the Monkwick Housing Estate. Reconstruction work on the sludge drying beds at the Sewage Works continued during the year.

Two new Cesspools were authorised by the Borough Engineer's Department to be built privately during the year.

Water.

The consumption per head per day, including water supplied to the Military, was 37.63 gallons. The length of pumping distribution mains is 103.75 miles. Details of water supply remain as in report for 1944. There are 531 metered supplies of water.

Refuse Collection and Disposal.

No changes in this service during the year.

SANITARY INSPECTION.

General Summary of Work carried out by Sanitary Inspector's Department under Public Health Acts, Housing Acts, By-laws, etc.

Defects found	....	....	2,467
Defects remedied	....	....	1,936
Factories and Workshops inspected	....	....	338

Housing.

Sinks, Waste Pipes, etc., provided or renewed	....	....	19
Floors or walls or ceilings repaired	....	....	258
Doors or windows provided or repaired	....	....	263
Ovens or firegrates repaired or renewed	....	....	60
Stairs repaired	....	....	35
Rooms cleansed	....	....	134
Roofs repaired (including rain-pipes and gutters)	....	....	216
Chimneys repaired or renewed	....	....	29
Damp houses remedied	....	....	45
Yards paved or repaired	....	....	12
Other housing repairs	....	....	34

Drainage.

Repairs and improvements	....	....	124
Water Closets provided or repaired	....	....	159
Cesspools:—abolished (—), provided (2), repaired (2)	....	....	4

Other Sanitary Work.

Under Factories Act	....	....	77
Under Food and Drugs Act	....	....	447
Houses disinfected	....	....	31
Clothing and other articles disinfected	....	....	2,973
Well water sampled	....	....	27
Mains supply provided	....	....	2
Dustbins provided	....	....	43
Re-visits in connection with Sanitary Notices	....	....	4,385
Offensive accumulations removed	....	....	4
Pig-keeping nuisances abated	....	....	4
Matters referred to other Departments	....	....	49
Other nuisances or matters attended to	....	....	43

FACTORIES ACT, 1937.

Prescribed particulars on the administration of the Factories Act, 1937

PART I OF THE ACT

1.—INSPECTIONS for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	43	19	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ...	295	319	9	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	—	—	—	—
TOTAL ...	338	338	10	—

2.—CASES IN WHICH DEFECTS WERE FOUND

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ...	—	—	—	—	—
Overcrowding (S. 2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S. 4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient ...	3	5	—	1	—
(b) unsuitable or defective ...	23	23	—	1	—
(c) not separate for sexes ...	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ...	4	—	4	—	—
TOTAL ...	30	28	4	2	—

PART VIII OF THE ACT

OUTWORK

(Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	No. of out-workers in August list required by Sect. 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome places	Notices served	Prosecutions
Wearing of Making, etc. ...	61	—	—	—	—	—
Apparel \ Cleaning and washing ...	4	—	—	—	—	—
Household linen ...	—	—	—	—	—	—
Lace, lace curtains and nets...	—	—	—	—	—	—
Curtains and furniture hangings ...	—	—	—	—	—	—
Furniture and upholstery ...	—	—	—	—	—	—
Electro-plate ...	—	—	—	—	—	—
File making ...	—	—	—	—	—	—
Brass and brass articles ...	—	—	—	—	—	—
Fur pulling ...	—	—	—	—	—	—
Iron and steel cables and chains ...	—	—	—	—	—	—
Iron and steel anchors and grapnels	—	—	—	—	—	—
Cart gear ...	—	—	—	—	—	—
Locks, latches and keys ...	—	—	—	—	—	—
Umbrellas, etc. ...	—	—	—	—	—	—
Artificial flowers ...	—	—	—	—	—	—
Nets, other than wire nets ...	—	—	—	—	—	—
Tents ...	—	—	—	—	—	—
Sacks ...	—	—	—	—	—	—
Racquet and tennis balls ...	—	—	—	—	—	—
Paper bags ...	—	—	—	—	—	—
The making of boxes or other receptacles or parts thereof made wholly or partially of paper ...	—	—	—	—	—	—
Brush making...	—	—	—	—	—	—
Pea picking ...	—	—	—	—	—	—
Feather sorting ...	—	—	—	—	—	—
Carding, etc., of buttons ...	—	—	—	—	—	—
Stuffed toys ...	—	—	—	—	—	—
Basket making ...	—	—	—	—	—	—
Chocolates and sweetmeats...	—	—	—	—	—	—
Cosques, Christmas crackers, Christmas stockings, etc. ...	—	—	—	—	—	—
Textile weaving ...	—	—	—	—	—	—
Lampshades ...	—	—	—	—	—	—
TOTAL ..	65	—	—	—	—	—

OFFENSIVE TRADES AND KNACKER'S YARD.

	Number.	Inspections.
Gut Scraper	1	3
Tallow Melter	1	3
Rag, Bone and Skin Dealer	5	2
Bone Boiler	1	4
Tripe „	1	3
Total	9	15
Horse Slaughterer	1	4

These occupations have been carried out satisfactorily and no complaints have been received during the year.

COMMON LODGING HOUSE.

There is one Common Lodging House in the Borough providing accommodation for 27 lodgers. Inspections have been made on various occasions and cleansing and maintenance have been attended to satisfactorily.

ERADICATION OF BED BUGS.

Dwelling Houses Infested—Council 7, Others 22	29
„ „ Disinfested—Council 7, Others 22	29
Rooms in these—Infested and Disinfested	134

In addition 10 dwelling houses, including 1 Council, were treated for the eradication of fleas.

RATS AND MICE.

During the year 4,212 inspections and re-inspections were made by the Rodent Operators and 688 premises were freed.

Three hundred complaints of rat infestation were received and dealt with. Two informal notices were served.

No. of rats known to have been killed	1,250
No. of mice known to have been killed	435

The public sewers were twice treated during the year and poison laid in those manholes where takes of pre-bait had been recorded. Sixty-seven manholes were poison baited as a result of the first treatment and 71 as a result of the second treatment.

The Southern Outfall System was again test baited during the year and no takes of pre-bait were recorded.

HOUSING.

Statistics for the Year 1952.

New Houses completed—297.

New Flats completed—108.

I.—*Inspection.*

Number of dwelling-houses inspected	....	995
Number of dwelling-houses found to be unfit for human habitation	....	9
Number of dwelling-houses found not to be in all respects reasonably fit for human habitation		563

II.—Number of defective houses rendered fit by Informal Action	417
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III.—*Action under Statutory Powers.*

Under Sects. 9, 10 and 16, Housing Act, 1936—

Number of dwelling-houses in respect of which notices were served for repairs	—
---	------	---

Number rendered fit—

(a) By owners	....	—
(b) By Local Authority in default	....	—

Under Public Health Acts—

Number of dwelling-houses in respect of which notices were served for repairs	99
---	------	----

Number complied with—

(a) By owners	....	90
(b) By Local Authority in default	....	5

C. Proceedings under Sections 11 and 13 of the Housing Act, 1936—

(1) Number of dwelling-houses in respect of which Demolition Orders were made	....	6
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	....	3
(3) Number of undertakings not to re-let given by owners	1

D. Proceedings under Section 12 of the Housing Act, 1936

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INSPECTION AND SUPERVISION OF FOOD.

Inspections of food premises are shown in the following table:—

Premises	Number	Inspections
Slaughter-houses	—	342
Bakehouses	32	109
Dairies and Milk Shops	20	203
Provisions	—	326
Fish Shops—Wet	16	125
„ „ —Fried	22	184
Butchers' Shops	42	354

HOTELS AND RESTAURANT KITCHENS.

During the year 587 visits were made to hotel and restaurant kitchens and 64 visits to canteens.

Table showing repairs or improvements carried out at Food Premises:—

Constant hot water supply provided	....	14
Handbasins or sinks provided	....	15
Windows provided	....	6
Towels	....	7
Walls—decorated or cleansed	....	69
„ rendered or tiled	....	6
Ceilings—new	....	6
„ decorated or cleansed	....	70
Floors—new	....	8
„ repaired	....	2
„ cleansed	....	28
Refrigerators renovated	....	9
Roofs repaired	....	3
Water closets—new or repaired	....	49
Miscellaneous	....	62

MEAT INSPECTION.

The Co-operative Society Abattoir in Sheepen Road is still occupied by the Ministry of Food and all meat is supplied to Colchester and the surrounding area from this abattoir after inspection by the Borough Sanitary Inspectors.

Carcases Inspected and Condemned.

	Cattle excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.
Number Inspected ...	4,969	512	2,339	7,390	3,675
All diseases except Tuberculosis. Whole carcasses condemned ...	8	2	11	14	40
Carcases of which some part or organ was condemned ...	1,397	81	6	138	183
Percentage of the number inspected affected with disease other than tuberculosis ...	28.27%	16.21%	.73%	2.05%	6.07%
Tuberculosis only—					
Whole carcasses condemned ...	28	12	2	—	11
Carcases of which some part or organ was condemned ...	515	83	—	—	46
Percentage of the number inspected affected with tuberculosis ...	10.93%	18.55%	.09%	—	1.55%

Parts of Carcasses or Organs Condemned.

	Beasts including Cows.	Calves.	Sheep.	Pigs.	Total.
	lbs.	lbs.	lbs.	lbs.	lbs.
Parts of Carcasses ...	4,796	13	112	2,092	7,013
Organs ...	34,839	36	462	1,075	36,412

In addition to the above 68 lbs. of Imported Beef and 930 lbs. of Imported Pork Offal were condemned.

The total weight of meat condemned as unfit for human consumption was:—

37 tons 2 cwts. 3 qrs. 11 lbs.

OTHER FOOD INSPECTION.

<i>Type of Food.</i>	<i>Weight in lbs</i>
Ham	106
Margarine	7
Butter	23
Lard	6
Cheese	191
Sugar	57
Bacon	134
Brawn	10
Sausages	348
Sausage Meat ...	55
Cereals	74
Fish	905
Flour	96
Biscuits	335
Luncheon Meat	31
Milk Powder	560
Pastry Emulsion	56
Corned Beef	36
Jellied Veal	15
Dried Fruit	94
Confectionery	72
Other Foods	17
	<hr/>
	3,228
	<hr/>

The total weight of meat and other foods listed above unfit for human food and condemned was:—

38 tons 11 cwts. 2 qrs. 19 lbs.

In addition the following foods were condemned:—

Tinned Milk	231 Tins
Other Tinned Goods	2,402 Tins
Packeted Foods	629 Pkts.
Bottled Foods	58 Bots.
Ice Cream	2 Gals.
Turkeys	12
Chickens	13
Sausage Rolls	70
Meat Pies	50
Christmas Puddings	2

MILK AND DAIRIES ORDERS AND REGULATIONS.

There are 28 dairies on the register and during the year 203 inspections were made.

Milk (Special Designation) (Raw Milk) Regulations, 1949.

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

Licences issued for Sale of Graded Milk.

Pasteurised	....	....	....	16
Tuberculin Tested	....	....	....	9
Pasteurised, Producer	....	....	....	3
Supplementary	....	....	....	5

Pasteurised Milk.

During the year 138 samples of pasteurised milk were submitted for examination. Two of the samples failed to pass the phosphatase test.

Of the 138 samples taken 93 were of milk pasteurised in Manchester, the remaining 45 being of milk pasteurised outside the Borough and brought in for retail sale.

The 2 samples which failed to pass the phosphatase test were pasteurised outside the Borough. The matter was referred to the Authority in whose district the dairy is situated and subsequent samples proved satisfactory.

Milk—Biological Test.

Ten samples of milk were taken for submission to the biological test for the presence of tubercle bacillus. All samples were negative.

Food and Drugs Act, 1938.

Samples.	No. of Samples.	Samples below standard.	Nature of Deficiency.
New Milk ...	41	1	MILK
Condensed Milk ...	1		Fat deficient 34 per cent.
Margarine ...	4		
Butter ...	4		
Cheese ...	4		
Cooking Fat...	4		
Sugar ...	4		
Sponge Cakes ...	1		
Table Jelly ...	3		
Jam ...	4		
Mince meat ...	3		
Ice Cream ...	7	1	ICE CREAM
Friars Balsam ...	1		Milk Solids
Curry Powder ...	2		not Fat 3 per cent.
Cream of Tartar ...	1		
Lemon Curd...	2		
Lemon Juice ..	2		
Tomato Ketchup ...	2		
Marmalade ...	2		
Sauce ...	2		
Mixed Spice...	3		
Quinine with Cinnamon	1		
Tincture of Quinine ...	1		
Chemical Food ...	4		
Meat Paste ...	1		
Desiccated Coconut ...	1		
Gelatine Crystals ...	2		
Gelatine Powder ...	2		
Fish Paste ...	1		
Cake Mixture ...	2		
Sponge Mixture ...	1		
Cream Lollies ...	2		
Self-Raising Flour ...	2		
Camphorated Oil ...	2		
Boracic Ointment ...	1		
Castor Oil ...	2		
Olive Oil ...	1		
Zinc Ointment ...	1		
Tincture of Iodine ...	1		
Aspirin ...	2		
Glycerine of Thymol ...	3		
Ground Almonds ...	1		
Synthetic Cream Powder	1		
Vinegar ...	2		
Ground Nutmegs ...	2		
Coffee and Chicory ...	5		
Pork Sausage Meat ...	1		
Pork Sausages ...	1		
Beef Sausages ..	1		
	144	2	

(a) Original Samples.

The sample deficient in milk fat to the extent of 34% was a pasteurised milk produced outside the Borough. Legal proceedings were commenced but were subsequently withdrawn for technical reasons. Further samples proved to be satisfactory.

The sample of ice cream deficient in milk solids other than fat to the extent of 3% was an informal one produced outside the Borough and sampled on the 30th June. In the period between the taking of the sample and the receipt of the Analyst's report the Food Standards (Ice-Cream) (Amendment) Order came into operation. The sample conformed to the new reduced standard and no further action was necessary.

ICE CREAM (HEAT TREATMENT, ETC.) REGULATIONS.

Visits to premises where ice cream is manu- factured or sold	....	....	....	487
Samples taken	....	....	....	102
Results of samples—Grade I	....	....	....	65
“ “ “ Grade II	....	....	....	21
“ “ “ Grade III	....	....	....	10
“ “ “ Grade IV	....	....	....	6

Premises where ice cream was manufactured or sold continued to receive the attention of the Department during the year. Advice and assistance was given where necessary and all samples considered to be either doubtful or unsatisfactory, i.e., falling in Grades III and IV, were investigated and follow-up samples taken.

JOHN D. KERSHAW, M.D., D.P.H.,

*Medical Officer of Health
of the Borough of Colchester.*

PUBLIC HEALTH DEPT.,
TRINITY STREET.

